



U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
<div><b>IV</b> <b>GENERAL</b></div> <div></div> <div><b>LABEL ITEMS</b></div> <div><b>I. EPA I.D. NUMBER</b></div> <div><b>III. FACILITY NAME</b></div> <div><b>V. FACILITY MAILING ADDRESS</b></div> <div><b>VI. FACILITY LOCATION</b></div> <div><b>PLEASE PLACE LABEL IN THIS SPACE</b></div> <div>EPA Region 5 Records Ctr.  296429</div>		N/A	
		<b>GENERAL INSTRUCTIONS</b>	
		If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

II. POLLUTANT CHARACTERISTICS	
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.	
SPECIFIC QUESTIONS	MARK 'X' FORM ATTACHED
YES	NO
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)	X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	X

III. NAME OF FACILITY	
1	BRIGGS PLUMBINGWARE INC.

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2	UTHE DANIEL PLANT MANAGER

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	B. CITY OR TOWN
3	1000 WEST PINE STREET
4	ROBINSON

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5	1000 WEST PINE STREET
6	CRAWFORD

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7		(specify)	N/A	7		(specify)	N/A
12	13	14	15	12	13	14	15
C. THIRD				D. FOURTH			
7		(specify)	N/A	7		(specify)	N/A
12	13	14	15	12	13	14	15

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
8	B R I G G S											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
16												66			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)			
F = FEDERAL    M = PUBLIC (other than federal or state)    P = PRIVATE S = STATE    O = OTHER (specify)												618 544 9329			
E. STREET OR P.O. BOX															
1000 WEST PINE STREET															
F. CITY OR TOWN												G. STATE		H. ZIP CODE	
B R O B I N S O N												I L		62454	
IX. INDIAN LAND												Is the facility located on Indian lands?			
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N		I L 0004154	9	P		N/A
15	16	17	18	15	16	17	18
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U		N/A	9			N/A (specify)
15	16	17	18	15	16	17	18
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R		N/A	9			N/A (specify)
15	16	17	18	15	16	17	18

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture Vitreous China - Sanitary Ware

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
David J. Felt	David J. Felt	3/1/85

## COMMENTS FOR OFFICIAL USE ONLY

13	14	15	16	17	18	19	20
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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				5. DUR- ATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	3. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
1	Wash	7	12	.064	.090	.064 gal / day	.090 MGD	.4

## III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (complete Item III-B)☒ NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents an actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. MAXIMUM QUANTITY			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
		N/A	

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste-water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE-2

**V. INTAKE AND EFFLUENT CHARACTERISTICS****A, B, & C:** See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.**NOTE:** Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.**D.** Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS****A.** Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)**B.** Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?☐ YES (complete Item VI-C below)☒ NO (go to Section VII)**C.** If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

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☐ YES (identify the test(s) and describe their purposes below) ☒ NO (go to Section VIII)

☒ NO (go to Section VIII)

▶

N/A ☐ YES (list the name, address, and telephone number of, and pollutants

☐ NO (go to Section IX)IX. CERTIFICATION

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

Form Approved  
OMB No. 2000-0059  
Approval expires 3-31-84

**V. INTAKE AND EFFLUENT CHARACTERISTICS** (continued from page 3 of Form 2-C)

OUTFALL NO.

**PART A -** You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	2	1.5					1	mg/l	lbs.			
b. Chemical Oxygen Demand (COD)	6	4.6					1	mg/l	lbs.			
c. Total Organic Carbon (TOC)	5.5	4.2					1	mg/l	lbs.			
d. Total Suspended Solids (TSS)	3.4	2.6					1	mg/l	lbs.			
e. Ammonia (as N)	2.2	1.7					1	mg/l	lbs.			
f. Flow	VALUE 92,500 gal.		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE 10		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE 28		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.1	MAXIMUM 7.1	MINIMUM 7.1	MAXIMUM 7.5	X			STANDARD UNITS		X		

**PART B -** Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

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## ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. RECEIVED PRESENT	b. RECEIVED ABSENT	c. MAXIMUM DAILY VALUE		d. MAXIMUM 30 DAY VALUE (if available)		e. LONG TERM AVG. VALUE (if available)		f. NO. OF ANALYSES	g. CONCENTRATION	h. MASS	i. LONG TERM AVERAGE VALUE		j. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	X		190	150					1	mg/l	lbs.			
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14266-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)	X		.03	.02					1	mg/l	lbs.			
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C** - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe to be absent. If you mark either columns 2-a or 2-b for any pollutant, you must provide the results of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (*all seven pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST INC. RE- QUIR- ED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED AB- SENT	8. MAXIMUM DAILY VALUE		d. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	8. CONCEN- TRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCEN- TRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total, 7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7550-50-8)			X												
7M. Lead, Total (7439-97-6)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
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DIOXIN

2,3,7,8 Tetra-  
chlorodibenzo-P-  
Dioxin (1764-01-6)

DESCRIBE RESULTS

X

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TEST ING. RE- QUIR- ED	B. SE- RIAL PRE- SENT	C. SE- RIAL AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL- YSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloro- methyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi- bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro- bromomethane (75-27-4)			X												
13V. Dichloro- difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro- ethane (75-34-3)			X												
15V. 1,2-Dichloro- ethane (107-06-2)			X												
16V. 1,1-Dichloro- ethylene (75-35-4)			X												
17V. 1,2-Dichloro- propane (78-87-5)			X												
18V. 1,3 Dichloro- propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						d. NO. OF ANAL- YSES	4. UNITS		5. INTAKE (optional)		
	a. TEST ING RE- QUIR- ED	b. DE- LIEVED PRE- SENT	c. DE- LIEVED AD- SENT	8. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V. Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-06-2)			X												

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST- ING RE- QUIR- ED	b. RE- LIEVED PRE- SENT	c. RE- LIEVED AS- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCENTRATION	b. MASS	e. LONG TERM AVERAGE VALUE		f. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloro- isopropyl) Ether (38638-32-9)			X												
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X												
14B. 4-Bromo- phenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro- naphthalene (91-58-7)			X												
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro- benzene (95-50-1)			X												
21B. 1,3-Dichloro- benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	ST. ST. ING. N.A. QUA- LITY	D. BE- LIEVED PRE- SENT	C. BE- LIEVED PRE- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANAL- YSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANAL- YSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)																
228. 1,4-Dichloro- benzene (106-46-7)			X													
238. 3,3'-Dichloro- benzidine (91-94-1)			X													
248. Diethyl Phthalate (84-66-2)			X													
258. Dimethyl Phthalate (131-11-3)			X													
268. Di-N-Butyl Phthalate (84-74-2)			X													
278. 2,4-Dinitro- toluene (121-14-2)			X													
288. 2,6-Dinitro- toluene (606-20-2)			X													
298. Di-N-Octyl Phthalate (117-84-0)			X													
308. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
318. Fluoranthene (206-44-0)			X													
328. Fluorene (86-73-7)			X													
338. Hexa- chlorobenzene (118-71-1)			X													
348. Hexa- chlorobutadiene (87-68-3)			X													
358. Hexachloro- cyclopentadiene (77-47-4)			X													
368. Hexachloro- ethane (67-72-1)			X													
378. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
388. Isophorone (78-59-1)			X													
398. Naphthalene (91-20-3)			X													
408. Nitrobenzene (98-95-3)			X													
418. N-Nitro- sodimethylamine (62-75-9)			X													
428. N-Nitrosodi- N-Propylamine (621-64-7)			X													

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST ING RE- QUIR- ED	b. DE- LIVER- PRE- SENT	c. DE- LIVER- AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCENT- RATION	b. MASS	e. LONG TERM AVERAGE VALUE		f. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENT- RATION	(2) MASS	
<b>GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)</b>															
43B. N-Nitro- sodiphenylamine (88-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-1)			X												
<b>GC/MS FRACTION – PESTICIDES</b>															
1P. Aldrin (309-00-2)			X												
2P. $\alpha$ -BHC (319-84-6)			X												
3P. $\beta$ -BHC (319-85-7)			X												
4P. $\gamma$ -BHC (58-89-9)			X												
5P. $\delta$ -BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. $\alpha$ -Endosulfan (115-29-7)			X												
12P. $\beta$ -Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TEST ING. RE- QUIR- ED	b. DE- LIEVED PRE- SENT	c. DE- LIEVED AB- SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANAL- YSES	a. CONCENTRATION	b. MASS	e. LONG TERM AVERAGE VALUE		f. NO. OF ANAL- YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - PESTICIDES (continued)</b>															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11098-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

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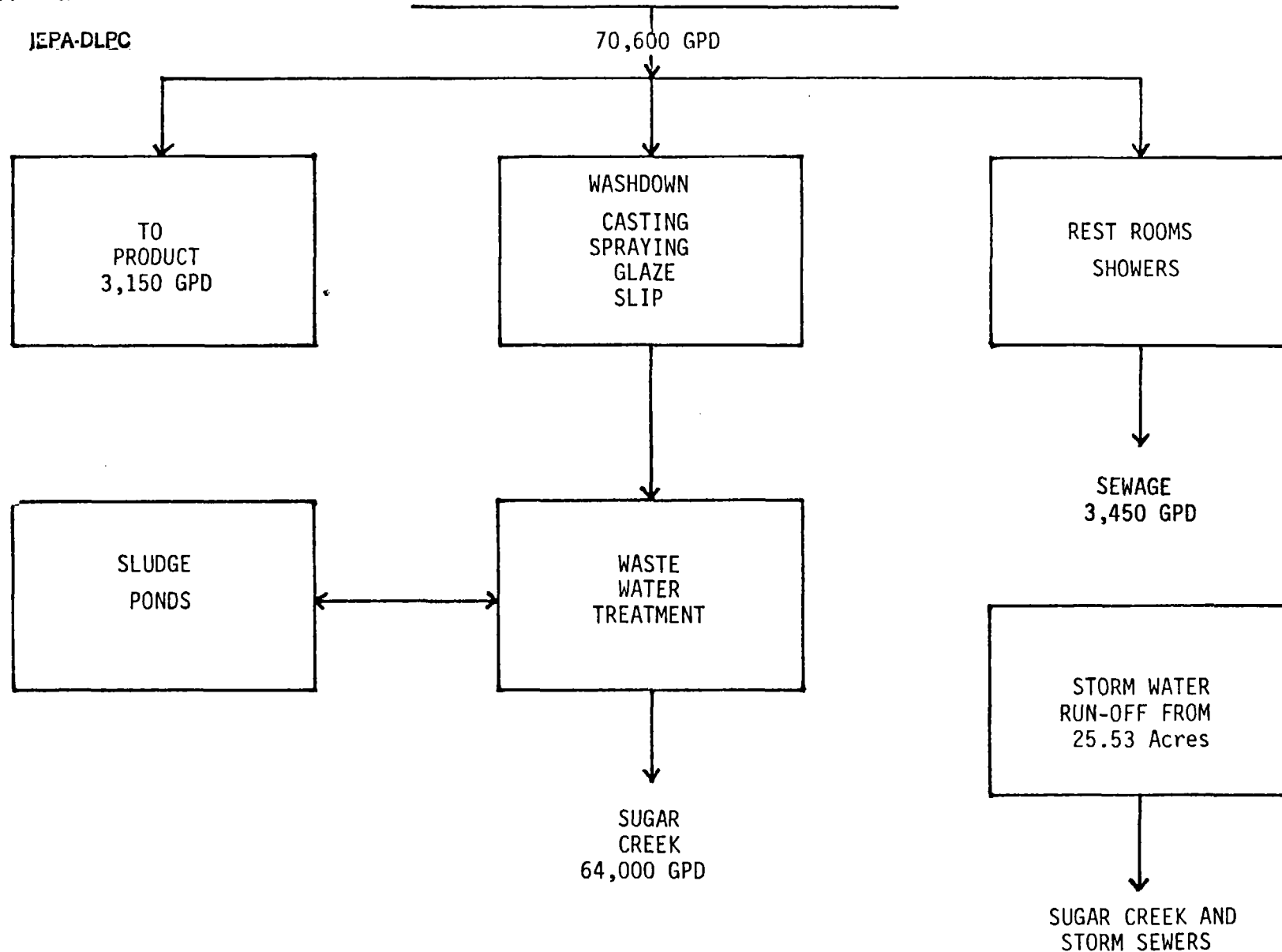
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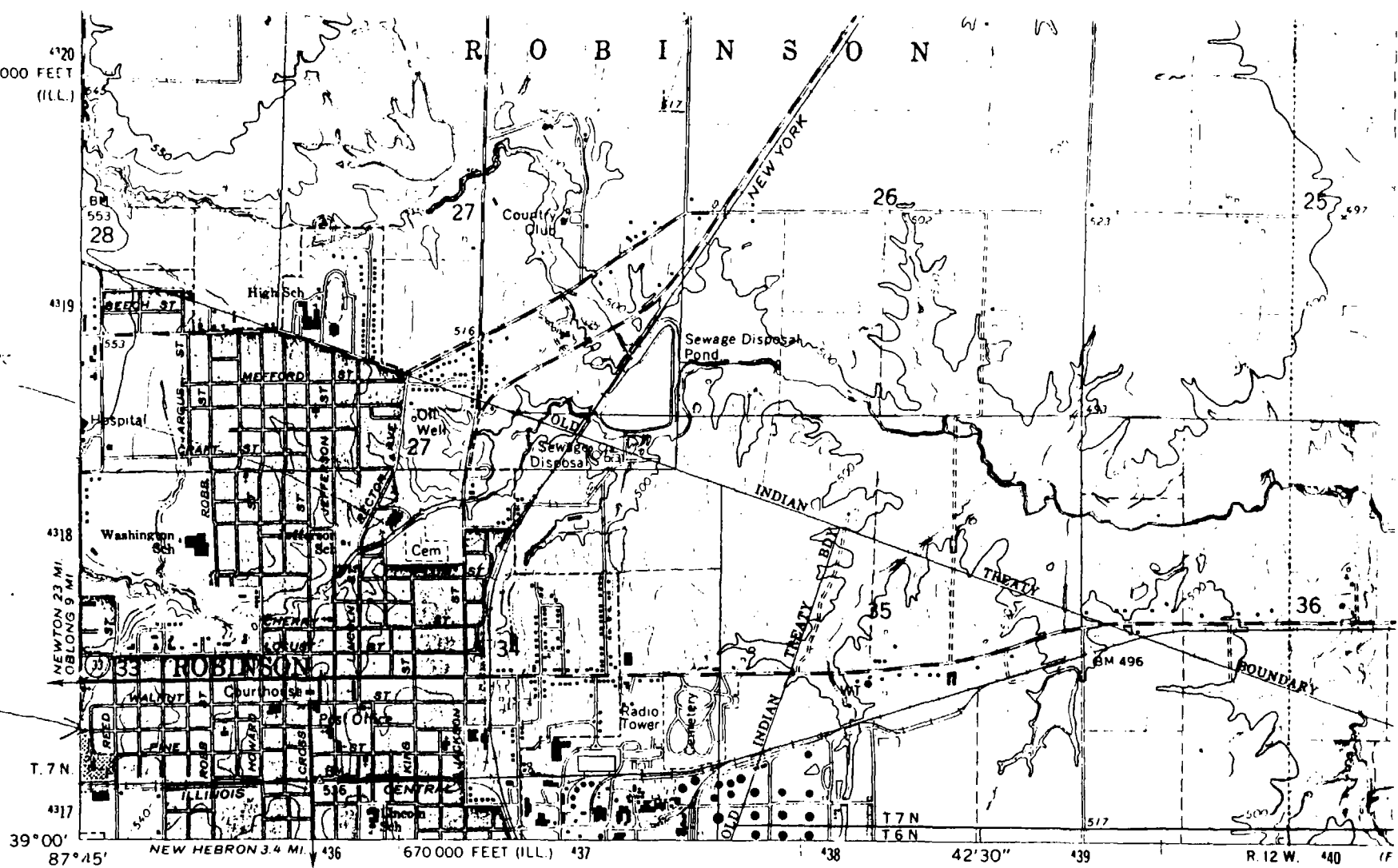
860 000 FEET  
(ILL.)

R O B I N S O N

SUGAR CREEK

DISCHARGE  
TO SUGAR CREEK

HARDINVILLE 1:62 500  
3461 IV



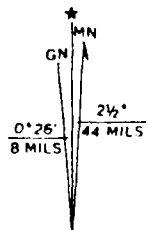
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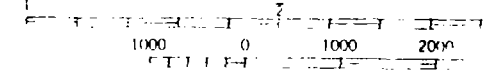
Topography of Illinois area by photogrammetric methods  
from aerial photographs taken 1964 and planetable surveys 1966  
Planimetry of Indiana area by photogrammetric methods from  
aerial photographs taken 1964. Topography by planetable surveys  
1940. Revised 1966

Polyconic projection. 1927 North American datum  
10,000-foot grids based on Illinois coordinate system, east zone  
and Indiana coordinate system, west zone  
1000-meter Universal Transverse Mercator grid ticks, zone 16, shown in blue

Red tint indicates area in which only landmark buildings are shown  
Fine red dashed lines indicate selected fence and field lines where  
generally visible on aerial photographs. This information is unchecked



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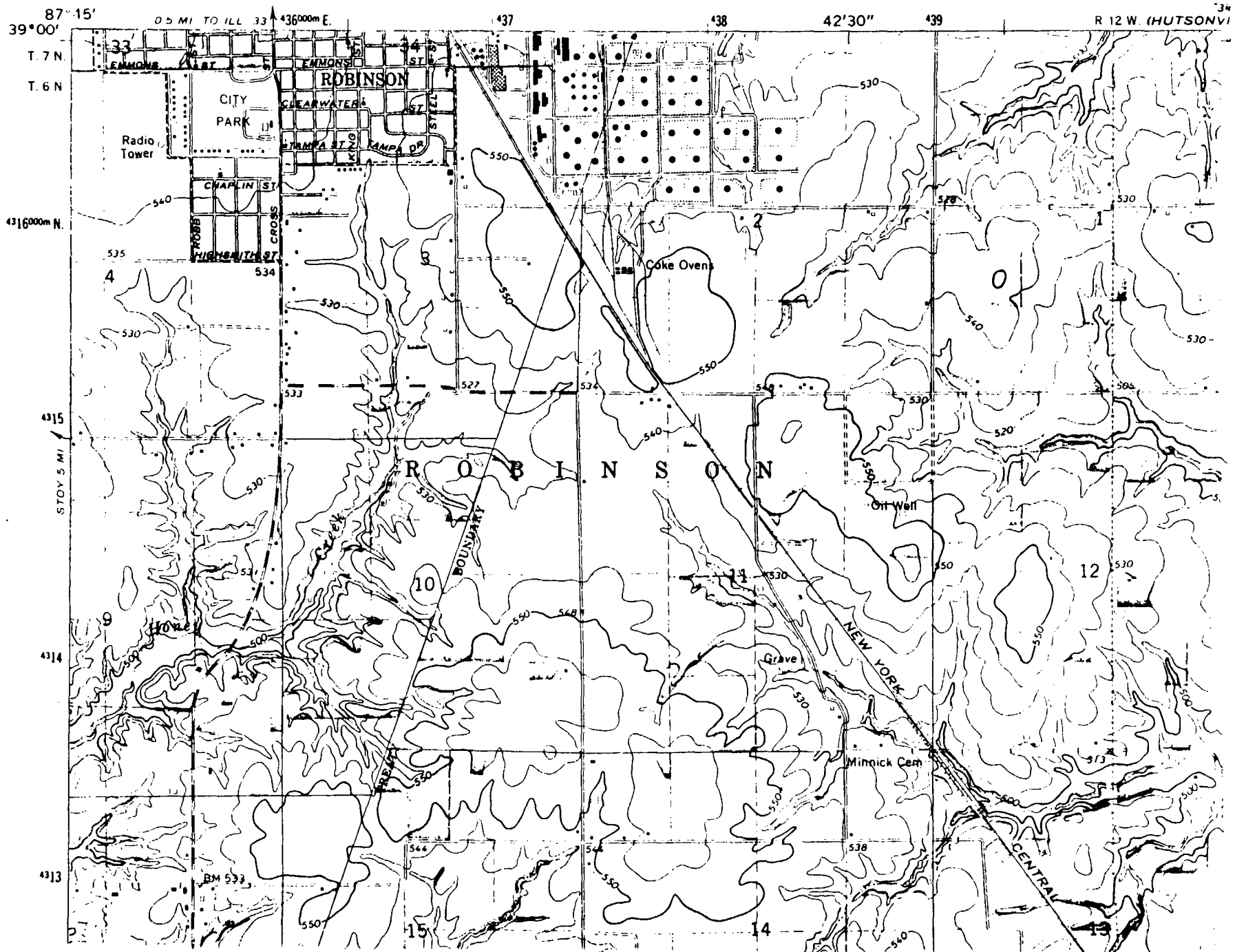
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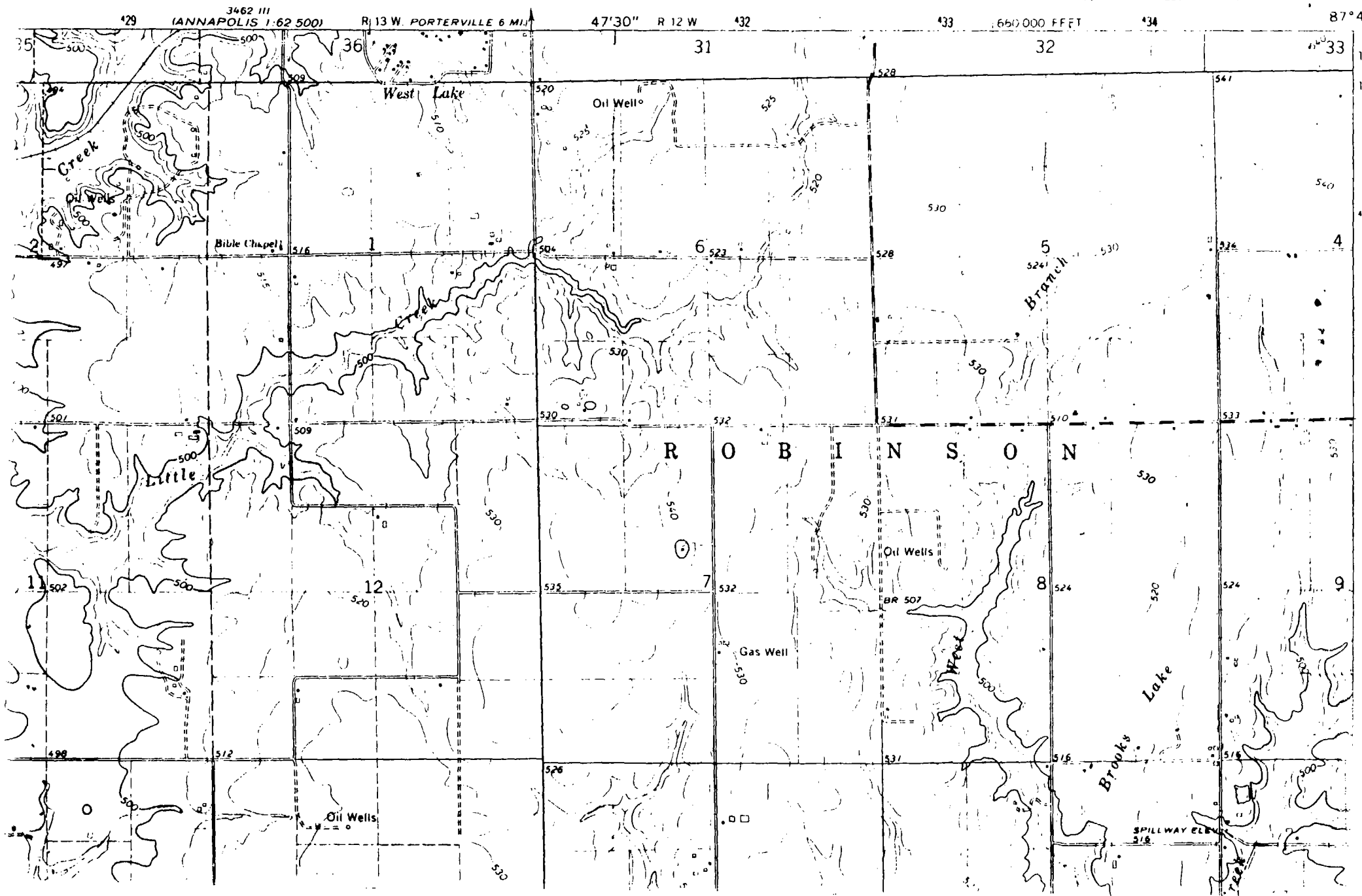
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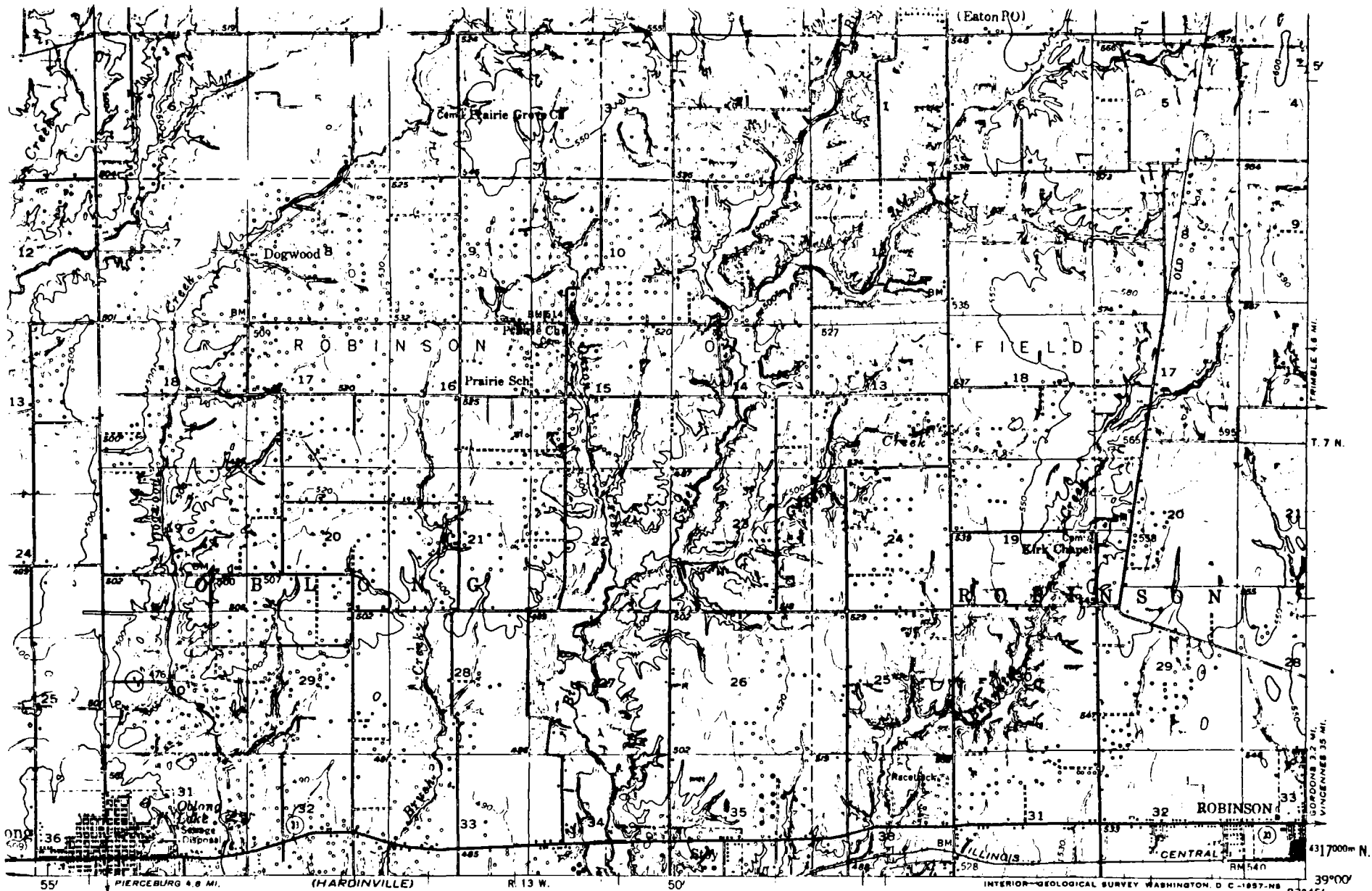
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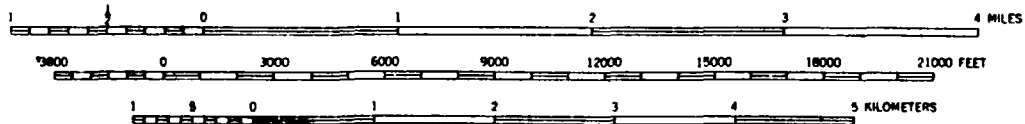


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#### ROAD CLASSIFICATION

Heavy-duty ——— Light-duty ———  
Medium-duty ——— Unimproved dirt ———  
○ State Route

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1956